

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

May 7, 2007

Casey Meza St. Mary's Hospital P.O. Box 137 Cottonwood, ID 83522

Dear Ms. Meza:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety survey of St. Mary's Hospital concluded on March 27, 2007.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form HCFA-2567, which states that the facility complies with the Federal requirements at 405.1022(b).

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208)334-6626.

Sincerely,

ERIC MUNDELL

Health Facility Surveyor

Fire/Life Safety and Construction Program

EM/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Printed: 05/03/2007 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING 02 B. WING _ 131321 03/27/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER ST MARY'S HOSPITAL 701 LEWISTON ST. PO BOX 137 COTTONWOOD, ID 83522 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 000 INITIAL COMMENTS K 0001 The hospital is a single story, 22,000+ s.f. building that was constructed in 1964. Interior walls are metal studs with a combination of gypsum lath and plaster with others of cement/concrete block; the roof system consists of a noncombustible slab on steel joists; and, supporting columns are noncombustible. The building construction classification would be consistered at least protected noncombustible. Two non-health care occupancies connect to the hospital; to the south is a "condominium" structure of wood frame construction and to the west is a former employee quarters of unknown construction that no contains hospital administrative functions. A minimum two hour separation is provided at the hospital's common wall with each of the adjoining structures. A detached clinic building is located to the southeast of the hospital and accessible from the hospital by a covered walkway that is not connected to the hospital and is separated from the hospital building. An existing fire alarm/smoke detection system, with off-site monitoring is provided in the building and was new in 2006. Emergency power is supplied by a diesel powered 115 KVA generator with a fuel storage of 300 gallons. The building is unsprinkled. The facility is licensed for 23 hospital beds. No deficiencies were cited during the fire/life

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

The surveyor conducting the survey was:

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

safety state survey:

Eric Mundell REHS

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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